

in the other several fissures were seen in the lower portion. This suggested that spasmodic contracture of the œsophagus might take place in fissure analogous to the contractions which take place in fissure of the anus. A case in point was narrated in which carcinoma of the cardia had been diagnosed in a man who had been in the habit of chewing and swallowing chicken bones; and post-mortem examination revealed changes due to injuries thus produced, but no carcinoma.

SYPHILIS OF THE NOSE.

LUBLINSKI reports (*Deutsche med. Woch.*, July 18, 1889) a case beginning with swelling of the tip and occlusion of one of the passages, fifteen years after a primary infection which had been promptly cured without subsequent manifestations. Granulations filled up the passages, and there was complete destruction of the cutaneous, and partial of the cartilaginous septum.

OBSTETRICS.

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,
VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL.

THE MOST PROBABLE TIME OF CONCEPTION.

SCHNEIDER (*Memorabilien*, August 7, 1889) considers the period just before the menstrual flow, when the ovum has escaped from the ovisac and is traversing the Fallopian tube, and, following this, the period during which spermatozoa retain vitality in the genital passage of the female, to be the time when conception is most likely to occur. This time would be the four days preceding the menstrual flow and the eight days following, twelve days in all. In support of this he instances the Mosaic law, which forbids intercourse for fourteen days after menstruation. The Jews were very prolific, and Schneider believes the most fruitful intercourse is before menstruation, when coition favors the rupture of the ovisac; after menstruation he believes coition is less often followed by conception.

HEGAR'S DILATORS, OF LARGE SIZE, FOR INDUCING LABOR.

LEWERS (*Lancet*, August 3, 1889) has used Hegar's dilators of large size, especially constructed for the purpose, for inducing labor. The series usually employed stops at No. 26; Lewers' series continues to No. 40, the largest measures one and three-quarters inches in diameter. When the largest has dilated the cervix the membranes are ruptured. A preliminary antiseptic vaginal douche is given, and the bougies are introduced in succession, the intervals becoming longer as the bougies increase in size. Barnes's dilators may be used to advantage if the largest of the series fails to induce pains.

Lewers reports three cases in which these dilators were used most satisfac-

torily. In the first the flexible bougie failed to induce labor and the dilators succeeded; the patient's previous children had been so large that they perished in labor, although no pelvic deformity existed. Labor was induced in the thirty-fifth week, and mother and child recovered. In the second case labor was induced by this method because previous labors had resulted in the death of the fetus, which had always been of excessive size. Spontaneous delivery followed the induction of labor and mother and child recovered. In the third case labor was induced at the thirty-second week for contracted pelvis, caused by multiple deformity from arthritis of the knees and hips. Mother and child recovered, the head being delivered by the forceps when it reached the pelvic floor.

During the induction of labor the vagina is disinfected by repeated douches. The dilators lie in a porcelain tray immersed in a 2½ per cent. solution of carbolic acid, and are dipped in terebene oil 1 : 5 before insertion. Sims's speculum is used to expose the os uteri, and tenaculum forceps used if required.

EXTRA-UTERINE PREGNANCY, WITH SPONTANEOUS RECOVERY.

THOMPSON (*American Journal of Obstetrics*, August, 1889) reports the case of a primipara who suffered from disordered menstruation, with attacks of pain and prostration, sometimes accompanied by a vaginal discharge. After a year's illness a tumor about as large as an orange was formed low in the abdomen on the left side; it was thought an ovarian cyst or a fibroid. A month later the abdomen suddenly increased in size, with abdominal pain; cystitis developed and was attended by the passage through the urethra of a number of small, hard bodies, which were found, by microscopical examination, to be fetal bone. Gradual improvement, and finally restoration to health followed, with resumption of menstruation.

THE INDICATIONS FOR THE CÆSAREAN AND PORRO OPERATIONS.

PISKACEK sends us a recent reprint from the *Wiener klinische Wochenschrift*, 1889, giving an account of Breisky's method of performing the Porro operation in his clinic at Vienna, and stating indications for this and the Sanger operation. He would perform the Sanger operation only under the most favorable surroundings, when delivery through the natural passages is impossible and proved so by observation, and when the mother greatly desires offspring and has been informed of the dangers of the operation; it should generally be performed on multiparæ who have lost children in previous dangerous labors. In primiparæ Cæsarean section should not be done except when there is imminent danger of uterine rupture. In other cases craniotomy is clearly indicated.

The Porro operation should be performed in cases where the *conjuncta vera* is less than two and three-quarters inches, as repeated pregnancies would necessitate repeated Cæsarean operations, and in each such pregnancy there would be danger of uterine rupture; and also in osteo-malacia.

It was performed by Breisky as follows: After the patient was cleansed and disinfected and the vagina filled with iodoform gauze, the uterus was turned out through the abdominal incision and an elastic ligature placed about the cervix; the abdomen was temporarily closed behind the uterus by several

stitches. The fetus was removed through uterine incision. An acupressure needle was then passed through the cervix over the ligature and an écraseur passed below the needle and a second above it. Uterus and ovaries were then removed, and both écraseurs tightened until the pedicle was bloodless. Before the final adjustment of the écraseur wires the abdomen was closed with silk, only the lowest stitch being silver wire, to bring the peritoneum as far internal as possible: in none of Breisky's 11 cases were the parietal peritoneum and that of the pedicle joined. The écraseurs were then tightened, the uterus removed, the mucous membrane of the cervix partly excised to prevent fistula, and the stump cauterized with Paquelin's cautery. It was dressed with plaster-of-Paris and oil of cade, 100 to 15. Mummification always ensued, without complication. A heavy antiseptic dressing was then applied, and the stump allowed to remain undisturbed for a week or more if the patient had no fever. When the dressing was removed the stump was usually found in dry, odorless necrosis.

The description of 5 Porro operations and 4 Sänger sections is appended. Breisky's statistics number 11 Porro operations, with no mortality.

TWO SUCCESSFUL SÄNGER SECTIONS FOR CONTRACTED PELVIS.

WOLCZYNSKI (*Wiener klinische Wochenschrift*, No. 27, 1889) reports two successful Sänger sections for contracted pelvis. The first was a flat, rachitic pelvis, *conjugata vera* 1.8 inches, in which the mother was but two and a half times larger than the fetus. The operation was done by Sänger's method, when the pains began; to prevent protrusion of the intestines, temporary stitches were taken through the abdominal wall before the uterus was turned out of the abdomen. The second case was that of a pelvis of high degree of osteomalacia, in which the operation was typical, after Sänger's method. Prompt recovery followed in both patients. In the latter the mother was only eight or nine times larger than the child, the normal ratio being 1 to 20.

HÆMATOMA OF THE VULVA CAUSING RETENTION OF THE PLACENTA.

CHAZAN (*Centralblatt für Gynäkologie*, No. 30, 1889) reports the case of a multipara, to whom he was called three hours after labor because of retained placenta. On examination, a hæmatoma as large as a child's head was found in the right labium, of one and a half hours' duration. It was thought best to deliver the placenta before opening the hæmatoma, if possible. While this was being done the tumor ruptured at its most dependent part. The slight hemorrhage which followed was easily checked by a carbolized tampon. The tumor was gradually absorbed. Fever was present for eight days, but in fourteen days absorption was nearly complete, and a good recovery ensued. The cause of the hæmatoma could not be ascertained.

POST-PARTUM SHOCK FROM COMPRESSION OF THE OVARIES.

FERGUSON (*Edinburgh Medical Journal*, July, 1889) reports three cases of post-partum shock in young healthy women of nervous temperament, in two of whom chloroform was given and the low forceps operation was made; in each the placenta was expressed by Credé's method, and during this pro-

cedure shock so severe as to be most alarming occurred. This endured about three hours; the patients recovered with most active stimulation.

Compression of the ovaries against the uterus in expressing the placenta by Credé's method is thought to have caused this shock: to avoid it, the patient lying on her back, the hand should be passed into the brim of the pelvis obliquely, the ulnar side being pressed deeply down toward the left sacro-iliac synchondrosis, while the thumb should be behind the right iliopectineal eminence, the fundus resting in the palm. With the patient on her left side, the hand naturally grasps the uterus obliquely and the danger is less.

AUTO-INFECTION IN PUERPERAL CASES.

At the last meeting of the German Society for Gynecology, KALTENBACH (*Münchener med. Wochenschrift*, No. 25, 1889) expressed his belief that while in the great majority of cases infection comes from without, yet the innocuous bacteria found in the vagina may invade the uterus and become pathogenic, especially if the tissues be mechanically injured or destroyed during labor, and absorption of the products of retrograde metamorphosis follows. The attempt to sterilize the genital tract is unnecessary and meddling, but a vaginal douche of bichloride of mercury, 1 to 3000, had done him good service, and is used to advantage in protracted cases. The necessity for intra-uterine douches becomes very infrequent when prophylactic douches are given.

FEHLING considered many cases of fever in puerperal patients, examples of the absorption fever common in surgical patients, in whom absorption of disintegrating albuminoids, with or without germs, was not rare. In the presence of an abundance of such matter, harmless germs often become virulent. He lays most stress on disinfecting the external parts; the vagina is irrigated only when foul lochia are present. Should the placenta or chorion be retained, interference is demanded. In all labors care is taken that the membranes do not rupture too soon; that perineal tears are avoided by episiotomy; and that the forceps is used before the tissues have been injured by pressure.

PUERPERAL ECLAMPSIA AT TERM AND AT SIX MONTHS.

At a recent meeting of the Boston Obstetrical Society (*Boston Medical and Surgical Journal*, August 15, 1889) BRODERICK reported a case of eclampsia at term, treated successfully by morphia, chloral, hot-air baths, ether by inhalation, and manual dilatation and version; the fetus perished. Post-partum hemorrhage was controlled by ergot, uterine massage, and ether hypodermatically.

COLLINS reported the case of a primipara pregnant six months, in whom uræmic eclampsia was treated by manual dilatation and craniotomy; post-partum convulsions continued, and were treated by pilocarpine, digitalis and brandy, and anæsthesia; hot-air baths were employed early in the case. Death occurred, with high temperature.

In discussion, two hours was thought the average time needed for manual dilatation of the cervix. Continuous anæsthesia with ether was advised; in prophylaxis catharsis and chloride of iron.

[These cases illustrate the clinical distinction recently made by Meyer and others between the nephritis not uncommonly occurring just before labor, the "kidney of pregnancy" of the Germans, in which a favorable prognosis is justified, and chronic interstitial nephritis beginning after the fourth month and commonly resulting in persistent, incurable nephritis in the mother if she survives pregnancy, and, in a large number of cases, in intra-uterine foetal death from placental infarction.—ED.]

THE RELATION OF BACTERIA TO PUERPERAL ECLAMPSIA.

HOLMES (*Amer. Journ. of Obstet.*, August, 1889) considers bacteria, and ptomaines produced by them, the most frequent causes of nephritis and eclampsia in pregnancy. Bacteria may enter the body at the intestinal tract, circulate in the blood, cause capillary thrombosis in the kidneys, with nephritis, by the irritation of the ptomaines which they secrete. The urine from kidneys so affected is toxic, while normal urine is not.

CHLORAL BY STOMACH-TUBE IN ECLAMPSIA.

BLANC (*Arch. de Tocologie*, No. 7, 1889) reports four cases of eclampsia successfully treated by chloral, administered by a stomach-tube. The patients were comatose and deglutition was impossible; the rectum rejected fluids. Care should be taken that the solution be not too concentrated, to avoid vomiting; 1 : 30 or 40 of water is best. From 45 to 60 grains of chloral should be given at a dose; in twelve hours $2\frac{1}{2}$ drachms of chloral may be given, and the amount may be pushed to $4\frac{1}{2}$ drachms in twenty-four hours.

THE PROGNOSIS AND TREATMENT OF CONGENITAL UMBILICAL HERNIA.

LINDFORS (*Centralblatt für Gynäkologie*, No. 28, 1889) has collected 13 cases of congenital umbilical hernia, 10 of which were treated by laparotomy, freshening the edges of the hernial opening, and suture under antiseptic precautions. The remaining 3 were treated expectantly. The treatment by surgical procedure is the only one offering any chance of cure; of the 10 cases so treated, 7 made good recoveries, 3 died; 2 of these cases were operated upon under most unfavorable circumstances. Of the 3 cases treated expectantly, 2 died. Operative treatment may be instituted as early as the second day of life, with success.

A CONTRIBUTION TO THE STUDY OF THE FŒTAL KIDNEY.

NAGEL (*Archiv für Gynäkologie*, Band xxxv. Heft 1) concludes from the anatomical study of the foetal kidney that it becomes capable of secretion as early as the second month of pregnancy, when it gradually usurps the function of the Wolffian bodies. The foetal urine is voided into the amniotic liquid early in pregnancy, before the sphincter of the bladder is formed; after the third and fourth month the foetal bladder retains urine, voiding it at intervals into the amniotic fluid.